

**LIMITED PARTNERSHIP
STATE OF MAINE
ARTICLES OF MERGER OF**

Filing Fee \$150.00

organized under the laws of _____
☐ and others (see below)

INTO

organized under the laws of _____

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [31 MRSA §417.2](#), each participating limited partnership approved an agreement or plan of merger and the undersigned limited partnerships, adopt the following Articles of Merger:

FIRST: The participating limited partnerships and jurisdictions:

Name of Limited Partnership

Jurisdiction

(Use additional sheets if necessary)

SECOND: An agreement or plan of merger has been approved and executed by each limited partnership entity that is a party to the merger.

THIRD: The name of the surviving limited partnership is _____,
and it is to be governed by the laws of the jurisdiction of _____.

FOURTH: Any changes to the certificate of the surviving limited partnership are attached as Exhibit ____ and are made a part hereof. If no changes, "X" the following ☐.

FIFTH: Effective date of the merger (if other than date of filing of the Articles) is _____
(Not to exceed 60 days from date of filing of the Articles)

SIXTH: The agreement or plan of merger is on file at the principal place of business of the surviving limited partnership at the following address:

SEVENTH: A copy of the agreement or plan of merger will be furnished by the surviving limited partnership, on request and without cost, to any record owner of interests in a limited partnership that participated in the merger.

EIGHTH: If the surviving limited partnership is not organized under the laws of this State, the survivor:

(1) Agrees that it may be served with process in this State in a proceeding for enforcement of an obligation of a party to the merger that was organized under the laws of this State, as well as for enforcement of an obligation of the surviving limited partnership arising from the merger; and

(2) Appoints the Secretary of State as its agent for service of process in any such proceeding. The following is the address to which a copy of the process must be mailed by the Secretary of State:

Name of participating domestic limited partnership _____

DATED _____

General Partner(s)*

(signature) (type or print name)

For General Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

Name and jurisdiction of participating limited partnership _____

DATED _____

General Partner(s)*

(signature) (type or print name)

For General Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

(Use additional sheets if necessary)

*Articles **MUST** be signed by:

- (1) at least one **general partner OR**
- (2) any duly authorized person.

The execution of these articles constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**